

ELECTROSTATIC DISCHARGE (ESD) PROTECTED AREA/WORKSTATION AUDIT

1. AREA/WORKSTATION LOCATION (Bldg/Rm No.):	2. PERSON CONTACTED:	3. ORGANIZATION:
4. OBSERVE AND RECORD RESISTIVITY (i.e., 1×10^5 to 1×10^9 ohms/square) OF MATS AND PROTECTIVE FLOORING WHEN APPLICABLE:		
5. OBSERVE AND RECORD THE RESISTANCE (i.e., 1.0 mega-ohm +/- 20%) OF ALL PERSONNEL GROUNDING DEVICES (e.g., wrist straps):		
6. OBSERVE AND RECORD THE RESISTANCE (i.e., 2.0 ohms or less) OF ALL POWER TOOLS (e.g., solder irons) FROM THE TIP TO GROUND:		
7. DESCRIBE THE TYPE OF PROTECTIVE PERSONNEL DEVICES USED IN THE AREA AND/OR AT THE WORKSTATION (e.g., clothing, straps):		
8. VERIFY THE WORKSTATION/PROTECTED AREA IS PROPERLY IDENTIFIED:		
9. DESCRIBE THE HUMIDITY MONITORING DEVICES USED:		
10. DESCRIBE THE DEVICES USED TO MONITOR/VERIFY GROUND INTEGRITY:		
11. ARE ALL PERSONNEL THAT USE THE AREA CERTIFIED:		
12. DEFICIENCIES:		
13. COMMENTS:		
14. IF APPLICABLE, CORRECTIVE ACTION(S) TAKEN:		
15. I CERTIFY THAT THE ABOVE AREA/WORKSTATION MEETS THE REQUIREMENTS OF MSFC-RQMT-2918.		
_____ INSPECTOR'S SIGNATURE		_____ DATE
ATTACH ADDITIONAL SHEETS AS NECESSARY		